

No. 22-2034

*In the United States Court of Appeals
for the Fourth Circuit*

JOHN and JANE PARENTS 1; and JOHN PARENT 2,
Plaintiffs-Appellants,

v.

MONTGOMERY COUNTY BOARD OF EDUCATION, et al.,
Defendants-Appellees.

On Appeal from the United States District Court for the District of Maryland
The Honorable Paul W. Grimm
District Court Case No. 8:20-cv-03552-PWG

**BRIEF OF AMICI CURIAE PFLAG AND PFLAG REGIONAL
CHAPTERS, CHASE BREXTON HEALTH CARE, FCPS PRIDE,
FREESTATE JUSTICE, HUMAN RIGHTS CAMPAIGN, THE TREVOR
PROJECT, TIME OUT YOUTH CENTER, WHITMAN-WALKER
HEALTH, AND WHITMAN-WALKER INSTITUTE IN SUPPORT OF
DEFENDANTS-APPELLEES AND AFFIRMANCE**

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INTRODUCTION & INTEREST OF AMICI¹

Amici curiae—fifteen organizations comprising parents, students, educators, civil rights advocates, and health care and suicide prevention service providers—represent, support, and provide health services to gender-diverse people from throughout Montgomery County, this Court’s jurisdiction, and the nation. As part of their missions, *amici* are committed to ensuring that transgender and gender-diverse² (“TGD”) children and young people have access to full educational, social, economic, and other opportunities, and that their mental and physical wellbeing is protected. Schools across the country, including the Montgomery County public schools at the core of this litigation, play a crucial role in TGD young people’s lives. Drawing on their experience and expertise in this field, *amici* seek to provide this Court a broad and empirically grounded view of the landscape of TGD youths’ lives, the challenges many of them face, and the critical importance of policies that protect TGD students’ ability to be themselves and live authentically at school and in all aspects of their lives.

¹ All parties have consented to the filing of this brief. No counsel for a party authored this brief in whole or in part and no person other than amici or their counsel made a monetary contribution to the preparation or submission of this brief. *See* Fed. R. App. P. 29(a)(4)(E). A complete list of *amici* appears as Appendix A to this brief.

² In this brief, *amici* use the umbrella term “TGD” to describe a broadly inclusive range of gender identities including those outside the male/female binary as assigned at birth. At times, *amici* also use the term “LGBTQ,” a more expansive term referring to lesbian, gay, bisexual, transgender, queer, and other non-heterosexual or gender-diverse persons.

Over the past several decades, significant academic and medical research has confirmed what *amici*, educational policymakers, and many TGD people have long known: as compared to the general population, TGD people and youth face vastly increased and at times deadly risks to their health, safety, and financial security. TGD people encounter deeply-rooted social stigmas and hostility that often lead to disturbingly high rates of violence, harassment, and other forms of cruelty and discrimination, as well as significant mental health challenges. This pattern frequently begins even before a person first intentionally discloses a TGD identity in childhood or adolescence, and, tragically, even family members and peers can be sources of abuse.

Research also confirms, fortunately, that school environments that support the educational and social needs of TGD students can dramatically reduce these risks and hardships and help mitigate the effects of such abuse. This is especially important because of the long-term effects those experiences can have during crucial developmental stages of a young TGD person's life. When schools create safe and nurturing spaces for TGD young people to learn, play, forge bonds, explore, and grow, TGD students are able to thrive. Written policies, guidance documents, and similar tools also help school personnel work with TGD students to build acceptance in both their classrooms and their homes and avert the well-documented risks of hostility, rejection, and violence.

The *Guidelines for Student Gender Identity* (the “Guidelines”) developed by the Montgomery County Public Schools, *see* J.A. 66, are designed to achieve those compelling objectives. They promote the healthy development and success of TGD students by ensuring they are treated consistently with their gender identity; strengthening peer, adult, and family support networks; and taking other steps necessary to ensure their safety both in school and at home. With these facts in mind, *amici* describe the context of TGD young people’s lives and respectfully urge this Court to affirm the District Court’s order granting Defendants-Appellees’ motion to dismiss, ensuring that these important Guidelines continue to provide vital support and safety for TGD students.

ARGUMENT

I. YOUNG PEOPLE OFTEN BEGIN TO EXPRESS A GENDER IDENTITY DIFFERENT FROM THEIR SEX ASSIGNED AT BIRTH AT AN AGE WHEN SCHOOL ENVIRONMENTS ARE CRITICALLY IMPORTANT.

Gender identity is a person’s “deep internal sense of being female, male, a combination of both, somewhere in between, or neither[.]” Jason Rafferty, Am. Acad. of Pediatrics, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142(4) Pediatrics 2 tbl.1 (Oct. 2018). For transgender and gender-diverse people, their gender identities are in some way incongruent with the sex they were assigned at birth. *Id.* Scientific evidence suggests that gender identity depends closely on biological factors, along with environmental

influences. *See, e.g.,* Madeleine Foreman et al., *Genetic link between gender dysphoria and sex hormone signaling*, 104 J. Clin. Endocrinol. Metab. 390, 394 (Feb. 2019) (discussing sexual differentiation of the brain during fetal development, including with regard to people who experience gender dysphoria); Georgios Karamanis et al., *Gender dysphoria in twins: a register-based population study*, 12 Sci. Rep. 13439 (2022) (suggesting that environmental factors *in utero* may contribute to gender identity). As a result, many TGD people start exploring and recognizing that their gender identities differ from the sex they were assigned at birth at an early age, when school environments play a vital role in any child's life and development. Am. Psychiatric Ass'n, *Gender Dysphoria*, Diagnostic & Statistical Manual, ch. 17 (5th ed. 2013).

Students spend a substantial portion of their waking hours at school, and even more if they participate in school-sponsored activities that meet outside regular class hours. *See, e.g.,* S.C. Code Ann. § 59-1-425(E) (requiring primary and secondary school days to last “at a minimum six hours”); Montgomery Cnty. Public Schools, *Board of Education Approves Later School Start Times* (1995–2021), <https://www.montgomeryschoolsmd.org/info/belltimes/> (describing school days lasting between six and seven hours in Montgomery County). As one set of scholars puts it, “[s]chools, then, can be thought of as youths’ second home.” Enoch Leung et al., *Social support in schools and related outcomes for LGBTQ youth: a scoping*

review, 1 Discover Educ. 1 (2022) (hereinafter “*Systematic Study*”). Schools offer children the opportunity to learn important social skills and to cultivate responsibility, accountability, and independence. See Joseph A. Durlak et al., *The Impact of Enhancing Students’ Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions*, 82 Child Dev. 405, 417-19 (2011). At the same time, students discover, develop, and pursue their passions—intellectual, social, athletic, artistic, and otherwise—in school. See Pa. State Univ., *Improving Social Emotional Skills in Childhood Enhances Long-Term Well-Being and Economic Outcomes*, 5-7 (2017). Those benefits are amplified—or diminished—depending on the level of inclusiveness of the school environment. See, e.g., Didier Jourdan et al., *Supporting every school to become a foundation for healthy lives*, 5 Lancet Child & Adolescent Health 295, 295 (2021). Schools have a compelling and independent interest in making their learning environments as supportive as possible for all and in ensuring every student’s wellbeing, thus facilitating students’ ability to realize these opportunities and develop to their full potential. Ctrs. for Disease Control & Prevention, *School Connectedness: Strategies for Increasing Protective Factors Among Youth*, 7 (2009) (discussing importance of “[a] positive school environment . . . characterized by caring and supportive interpersonal relationships; opportunities to participate in school activities and decision-making; and shared positive norms, goals, and values.”).

II. TGD YOUTH FACE INCREASED RISKS, MAKING SUPPORTIVE SCHOOL ENVIRONMENTS PARTICULARLY VITAL TO THEIR SAFETY AND SUCCESS.

Supportive schools and their protective, nurturing influence are important to any child, but all the more so for TGD students, who face outsized risks of all kinds, from bullying to isolation to pernicious self-doubt. The statistics regarding the challenges for LGBTQ students—and TGD students specifically—paint a clear and troubling picture for policymakers and administrators.

A. Major depression and other serious mental health issues are endemic among TGD young people as a result of persistent stigma and harassment.

Due to the challenges of living in a culture in which they are often marginalized, mental health risks among LGBTQ and TGD young people are significantly higher than those among the general population.³ Studies consistently show that TGD youth experience depression, disordered eating, and self-harm at far higher rates than their non-transgender peers. Michael J. Pellicane & Jeffrey A. Ciesla, *Associations between minority stress, depression, and suicidal ideation and attempts in transgender and gender diverse (TGD) individuals: Systematic review and meta-analysis*, 91 *Clinical Psych. Rev.* 102113, 6-7 (2022); Maureen D.

³ It is important to note that being TGD is not, as the American Psychiatric Association explains, a “mental disorder.” Am. Psych. Ass’n, *Gender Dysphoria Diagnosis*, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis>.

Connolly et al., *The Mental Health of Transgender Youth: Advances in Understanding*, 59 J. Adolescent Health 489, 491-93 (2016). Consistent with these findings, over 60% of TGD youth surveyed in a major 2020 study reported engaging in self-harm, with a similar number saying they had experienced symptoms of major depressive disorder in the preceding *two weeks*. See The Trevor Project, *National Survey on LGBTQ Youth Mental Health*, 3 (2020) (hereinafter “2020 National Survey”). These serious issues often go untreated. Nearly 60% of TGD youth reported that they wanted to obtain help from a mental health professional, but had been unable to receive it over the past year, whether due to their parents’ refusal to give permission, their inability to afford care, or other reasons. The Trevor Project, *National Survey on LGBTQ Youth Mental Health*, 11 (2022) (hereinafter “2022 National Survey”).

Perhaps as a result, suicide rates among TGD children and adolescents are devastating. Transgender youth are 2.71 times more likely to attempt suicide than other young people. Kasey B. Jackman et al., *Suicidality among Gender Minority Youth: Analysis of 2017 Youth Risk Behavior Survey Data*, Archives of Suicide Research 11 tbl.4 (2019) (hereinafter “*Suicidality*”). Indeed, one in five TGD youth respondents surveyed in 2020 said they had attempted suicide within the past year, *2020 National Survey* at 3, a figure that showed no decline when the survey was repeated in 2022. *2022 National Survey* at 4. These incidents are also more likely to

be severe, with transgender youth experiencing “suicide attempt[s] requiring medical care” with almost triple the frequency of a cisgender reference group. Brian C. Thoma et al., *Suicidality Disparities Between Transgender and Cisgender Adolescents*, 144 *Pediatrics* 6 (2019).

B. TGD young people are frequent victims of bullying, abuse, and violence, including at school.

TGD people experience widespread physical abuse, harassment, and sexual violence throughout their lives. Sandy E. James et al., *The Report of the 2015 U.S. Transgender Survey*, 199 (2016) (hereinafter “*2015 Transgender Survey*”) (“Nearly half (48%) of respondents reported that they were denied equal treatment or service, verbally harassed, and/or physically attacked because of being transgender in the past year.”)⁴; see also Rebecca L. Stotzer, *Violence against transgender people: A review of United States data*, 14 *Aggression & Violent Behavior* 170 (2009). The story is no better for TGD youth, nearly 40% of whom report that they have been physically threatened or harmed due to their gender diversity. *2022 National Survey* at 15.

Schools can be especially hostile environments for TGD students absent strong measures to affirm and protect them. TGD students are 1.66 times more likely to be bullied at school than their non-transgender peers, 2.43 times more likely to be

⁴ <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>.

electronically bullied, and 4.15 times more likely to be threatened or injured with a weapon at school. *Suicidality* at 5, 7 tbl.2; *see also* Gilbert Gonzales & Cameron Deal, *Health Risk Factors and Outcomes Among Gender Minority High School Students in 15 US States*, 327 J. Am. Med. Ass’n 1498, 1499 (2022) (41.3% of transgender high schoolers reported bullying at school and 32.6% reported electronic bullying). Many LGBTQ students report feeling unsafe at school because of their gender expression, and often avoiding school bathrooms, lockers rooms, and gym classes due to safety issues. Joseph G. Kosciw et al., GLSEN, *The 2021 National School Climate Survey: The Experiences of LGBTQ+ Youth in Our Nation’s Schools* 10-11 (2022) (hereinafter “*National School Climate Survey*”).

In these kinds of environments, TGD students’ learning outcomes and engagement in learning suffer along with their mental health. TGD young people are more than twice as likely than non-TGD people to miss school as a result of safety concerns. *Suicidality* at 7; *National School Climate Survey* at xxiv (reporting that nearly a third of LGBTQ students reported missing at least one day of school in the past month because they felt uncomfortable or unsafe).⁵ Even as school closures during the COVID-19 pandemic worsened mental health and learning outcomes among many students, many TGD students welcomed those shutdowns as “sanctuary from harmful school environments,” calling them “freedom from

⁵ <https://www.glsen.org/sites/default/files/2022-10/NSCS-2021-Full-Report.pdf>

‘transphobic and homophobic people in real life for a while.’” Erin K. Gill & Mollie T. McQuillan, *LGBTQ+ Students’ Peer Victimization and Mental Health before and during the COVID-19 Pandemic*, 19 Int’l J. Env’tl. Res. & Pub. Health. 11537, 2, 9 (2022). Nevertheless, virtual learning took a harsher toll on TGD students than on others, with in-person harassment often giving way to cyberbullying that had similarly detrimental effects on its victims. Drew P. Cingel et al., *U.S. adolescents’ attitudes toward school, social connection, media use, and mental health during the COVID-19 pandemic: Differences as a function of gender identity and school context*, 17 PLoS One 12 (2022) (TGD “youth reported less satisfaction with school, lower levels of social connections and inclusion with a peer group, a larger drop in overall grades, and more mental health problem[s].”).

C. Supportive and welcoming schools can make a significant difference in TGD young people’s lives.

Just as unsupportive schools can be crucibles for further abuse and victimization of TGD students, the evidence shows that when schools enact policies designed to support their gender-diverse students, the risks those students face both in and out of school decline dramatically. Campus policies and guidance regarding bullying and harassment, teacher and administrative training, student club support, and inclusive curricula materially decrease these risks both at home and at school. Studies conclude, for instance, that “school-based interventions to reduce bullying and increase feelings of safety in the school setting” among TGD students can

provide strong protection against depression and suicide. *Suicidality* at 13. Schools that have anti-bullying or inclusive policies for gender minorities see striking benefits for TGD students: a more positive school climate; decreased truancy; lower levels of victimization, bullying, and harassment; and increased feelings of safety. Tecelli Domínguez-Martínez & Rebeca Robles, *Preventing Transphobic Bullying and Promoting Inclusive Educational Environments: Literature Review and Implementing Recommendations*, 50 Archives of Med. Res. 543, 551-52 (2019); see also Russell B. Toomey et al., *Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment*, 46 Developmental Psychology 1580, 1586 (2010) (“Enactment of school policies that specifically prohibit victimization due to LGBT status, gender nonconformity, and other types of bias-related harassment can help reduce negative psychosocial outcomes in LGBT and gender-nonconforming young people.”). Simply put, research shows that “schools with higher reported implementation of inclusive and anti-discriminatory policies had lower levels of discrimination against LGBTQ youth, fostering a safer school space.” *Systematic Study* at 12.

This support can take many forms. By training faculty, providing students information and support in expressing their gender identity at school, and developing curricula that highlight sexual orientation and gender identity, schools can curb the frequency of harassment and bullying and cultivate “[g]reater feelings of safety”

among their LGBTQ students. Molly O'Shaughnessy et al., *Safe Place to Learn: Consequences of Harassment Based on Actual or Perceived Sexual Orientation and Gender Non-Conformity and Steps For Making Schools Safer*, Cal. Safe Schs. Coal. 17 (Jan. 2004). Gender-diverse youth who found mentors in teachers, staff members, and school administrators were “three times as likely to graduate from high school, had increased intentions to seek help for suicidal thoughts, and had positively impacted their engagement and connectedness to their school[s.]” *Systematic Study* at 11 (citations omitted). Even a move as simple as ensuring that others address students by their appropriate pronouns correlates closely with far lower rates of discrimination, psychological distress, and attempted suicide. *National School Climate Survey* at 74; *2022 National Survey* at 23; Stephen T. Russell et al., *Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth*, 63 J. Adolescent Health 503, 503, 505 (2018).

Similarly, students at schools that foster strong allyship with LGBTQ structures and have policies that bring in support from both peers and adults, such as gay-straight alliances (“GSAs”), report greater support from faculty and a broader range of friendships with people across gender and sexual identities. Tina Fetner & Athena Elafros, *The GSA Difference: LGBTQ and Ally Experiences in High Schools with and without Gay-Straight Alliances*, 4 Soc. Sci. 563, 569-70 (Aug. 7, 2015)

(hereinafter “*GSA Difference*”); Carolyn Porta et al., *LGBTQ Youth’s Views on Gay-Straight Alliances: Building Community, Providing Gateways, and Representing Safety and Support*, 87 J. Sch. Health 489, 495 (July 2017). GSA activities and LGBTQ-affirming school-wide campaigns “can promote tolerance, respect, and inclusion for LGBTQ youth,” provide a space for advocacy and education, and even help teachers better advocate for their students. *Systematic Study* at 13. Students in schools that did not have these structures in place, by contrast, felt a greater sense of isolation, withdrawal, and even open hostility from classmates and school employees. *GSA Difference* at 570-71.

Supportive school policies, practices, and guidelines can dramatically improve TGD students’ quality of life not just during childhood and adolescence, but long into adulthood. TGD youth who are supported in their gender identity have developmentally normal levels of depression and only minimal elevations in anxiety, suggesting that supportive environments play an indispensable role in promoting mental health among the TGD community. See Kristina R. Olson, et al., *Mental Health of Transgender Children Who Are Supported in Their Identities*, 137(3) *Pediatrics* 1 (Mar. 2016).

III. FOR SOME TGD YOUTH, SCHOOLS ARE THEIR BEST OR ONLY SUPPORT STRUCTURES.

A TGD young person’s home environment, like their school environment, has a significant effect on their health, safety, and happiness. When parents and family

support and nurture TGD youth alongside school administrators, their acceptance stands as a bulwark against many of the negative outcomes that TGD people might otherwise face. Parental support is “significantly associated with higher life satisfaction . . . and fewer depressive symptoms” among TGD people. Lisa Simons et al., *Parental Support and Mental Health Among Transgender Adolescents*, 53 J. Adolescent Health 791, 792 (2013); *see also* *Suicidality at 10* (noting that “parental support of youth’s gender minority identity” is a protective factor against high risks of suicide). Family support also corresponds with improved mental health including lower levels of self-harm, distress, and anxiety, and higher levels of self-esteem and resilience. Elliot A. Tebbe & Stephanie L. Budge, *Factors that drive mental health disparities and promote well-being in transgender and nonbinary people*, 1 Nat’l Rev. of Psychology 694, 700 (2022). Relatives can likewise improve a TGD young person’s life if they are able and willing to fund gender-affirming healthcare, legal assistance, and other resources that support a young person’s ability to live in accordance with their gender identity. Jack Andrzejewski et al., *Perspectives of Transgender Youth on Parental Support: Qualitative Findings from the Resilience and Transgender Youth Study*, 48 Health Educ. & Behavior 74, 77-78 (2021) (hereinafter “*Parental Support*”). The Guidelines, recognizing the importance of a supportive home environment, provide that “staff will support the development of a student-led plan that works toward inclusion of the family.” J.A. 69.

At the same time, a substantial body of research shows that at times, family members can present significant and existential threats to TGD people. 40% of TGD survey respondents reported that their families were not supportive of their gender identity, and the results of familial hostility or rejection can be dire. *2015 Transgender Survey* at 65. TGD people are significantly more likely than non-TGD people to experience physical, psychological, and sexual abuse from an immediate family member. Andrea L. Roberts et al., *Childhood Gender Nonconformity: A Risk Indicator for Childhood Abuse and Posttraumatic Stress in Youth*, 129 *Pediatrics* 410, 413-14 (Mar. 2012); *see also 2015 Transgender Survey* at 65 (reporting that one in ten TGD survey respondents had been the victim of violence at the hands of an immediate family member). Research accordingly confirms that rejection by family members corresponds directly to “negative psychosocial outcomes” including depression, anxiety, and thoughts of suicide. Emily M. Pariseau et al., *The relationship between family acceptance-rejection and transgender youth psychosocial functioning*, 7 *Clinical Practice in Pediatric Psych.* 267, 273-74 (2022).

Parents and relatives are also the most likely source of pressure for young LGBTQ people to undergo so-called “conversion therapy” aimed at altering their gender identity or sexual orientation, *2020 National Survey* at 5, which the American Medical Association describes as “clinically and ethically inappropriate” and has been rejected by “[a]ll leading professional medical and mental health associations

. . . as a legitimate medical treatment,” Am. Med. Ass’n, *LGBTQ change efforts (so-called “conversion therapy”)*, 3 (2019). Indeed, Maryland and Virginia—along with eighteen other states and the District of Columbia—restrict the practice of conversion therapy on minors. Md. Code, Health Occupations § 1-212.1; Va. Code Ann. § 54.1-2409.5; *see also* The Trevor Project, *Ending Conversion Therapy*, <https://www.thetrevorproject.org/ending-conversion-therapy/> (last visited Dec. 28, 2022) (cataloging laws restricting or banning conversion therapy). In light of the serious dangers associated with this unscientific practice, every leading medical and mental health organization has adopted the position that efforts to change a young person’s sexual orientation or gender identity are closely linked with a broad range of negative health outcomes both during adolescence and into adulthood, such as higher risks of suicide attempts, depression, and substance abuse. Am. Med. Ass’n, *LGBTQ change efforts (so-called “conversion therapy”)*, 3; Caitlin Ryan et al., *Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment*, 67 J. Homosexuality 159, 160-61 & tbl.3 (2020) (noting connection between “conversion therapy” and depression, suicidality, and other negative effects).

Family members may also deny TGD youth financial support, housing, and education, or deprive them of other key resources needed to keep them from harm’s way. Nearly 40% of TGD individuals reported that after their family learned of their

gender identity, they were either kicked out of their family homes or treated in a manner that compelled them to leave. *2020 National Survey* at 8; *see also 2015 Transgender Survey* at 68 (“Within an hour of coming out to my parents, I was kicked out into the cold with very few items and my car taken away. I was soon informed by my college that my parents had withdrawn my tuition for the upcoming spring semester. I was devastated.”). Among TGD people rejected by their immediate family, 40% went on to experience homelessness, a figure twice as high as for those with supportive families. *2015 Transgender Survey* at 65. Even when family members do not cut off financial support entirely, they can use that support as leverage over their TGD children’s gender identities. As one TGD young person put it, she was “[s]till at present financially dependent on my parents, which allows for a lot of coercion and policing of where I can be out and in what capacity I can be out, and a lot of need for hiding different things.” *Parental Support* at 77-78.

The familial rejection and abuse experienced by some TGD youth increases the already high risks, discussed above, that TGD people face in adolescence and throughout their lives. TGD people rejected by their family members are over 300% more likely to attempt suicide, and about 250% more likely to suffer substance abuse problems. Augustus Klein & Sarit A. Golub, *Family Rejection as a Predictor of Suicide Attempts and Substance Misuse Among Transgender and Gender Nonconforming Adults*, 3 *LGBT Health* 193, 196 tbl.1 (2016); *see also* Kristy A.

Clark et al., *How do sexual and gender minority people acquire the capability for suicide?*, 2 Qualitative Res. in Health 100044, 6 (2022) (“[C]hronic identity rejection and invalidation, especially during childhood and adolescence, can severely harm healthy identity development, causing SGM young people to feel erased, invisible, or even non-existent, thereby contributing to their capability for suicide.”). Likewise, 34% of LGBTQ youth who experienced housing instability—often prompted by hostile family members—reported attempting suicide. *2020 National Survey* at 8. Even when these most dire outcomes do not occur, a TGD young person’s perception of parents as unsupportive or rejecting is generally “linked to psychological maladjustment, including higher levels of depressive symptoms and LGBTQ-identity disclosure stress.” Arnold H. Grossman et al., *Parental Responses to Transgender and Gender Nonconforming Youth: Associations with Parent Support, Parental Abuse, and Youths’ Psychological Adjustment*, J. Homosexuality, 12-13 (Nov. 27, 2019).

It is crucial that school faculty and administrators retain discretion to evaluate whether familial disclosure of a TGD student’s gender identity could be a dangerous misstep, and to work with the student to build family acceptance in a manner that avoids those very serious harms. TGD students are often reluctant to seek support at school for fear that school employees will “out” them to family members. *National School Climate Survey* at 26-27. To deny educators the discretion the Guidelines

afford them would thus place TGD students in a perverse catch-22 where, by seeking vitally-needed support at school, they would risk exposing themselves to rejection or abuse at home. That outcome could deny these young people all the important and at times even lifesaving benefits that supportive school policies are specifically designed—and proven—to provide.

IV. CONCLUSION

For the foregoing reasons, *amici* respectfully urge this Court to recognize the importance of school support systems like those reflected in the Guidelines and to affirm the District Court’s dismissal of Plaintiffs-Appellants’ Complaint.

Respectfully submitted,

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Appendix A
List of Amici Curiae

- PFLAG
- PFLAG Regional Chapters
 - PFLAG Charlotte
 - PFLAG Concord-Kannapolis
 - PFLAG GVL (Greenville, SC)
 - Metro DC PFLAG
 - Salisbury-Rowan PFLAG
 - PFLAG Westminster-Carroll County
- Chase Brexton Health Care
- FCPS Pride
- FreeState Justice
- Human Rights Campaign
- The Trevor Project
- Time Out Youth Center
- Whitman-Walker Health
- Whitman-Walker Institute

CERTIFICATE OF COMPLIANCE

I, Maureen P. Alger, hereby certify that:

1. This brief complies with the type-volume limitation of Fed. R. App. P. 29(a)(5) and 32(a)(7)(B) because it contains 4,302 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(f).
2. This brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type-style requirements of Fed. R. App. P. 32(a)(6) because it has been prepared in a proportionally spaced typeface using Microsoft Word in Times New Roman, size 14.

/s/ Maureen P. Alger

Maureen P. Alger

CERTIFICATE OF SERVICE

I hereby certify that I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Fourth Circuit by using the appellate CM/ECF system. I further certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the appellate CM/ECF system.

/s/ Maureen P. Alger

Maureen P. Alger

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